



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
EEO OFFICE MS: A-18
PO BOX 550
SACRAMENTO CA 95812-0550

Interpreter/Translation Complaint Form

Complainant's name _____ Daytime telephone _____
(☐ work or ☐ home)

Address _____

City _____ State _____ Zip Code _____

Please provide the information requested below.

1. The date of the incident that prompted your complaint _____
2. Please provide a detailed description of the actions or circumstances that prompted your complaint. Include the names and the Franchise Tax Board location of any staff members involved in your complaint, if possible.
3. If you spoke to one of our staff members to try to resolve this issue before filing a complaint, please provide that staff member's name and title, if available, and the steps taken to try and resolve this issue.
4. Please describe the resolution you are seeking from us.

When you have completed this form, please submit it to: **Franchise Tax Board, EEO Office,
PO BOX 550, MS: A-18, SACRAMENTO, CA 95812-0550.**

Upon receipt, your complaint will be processed and someone will contact you.